

APPLICATION FOR ENROLLMENT TO BE A PROVIDER OF SUBSIDIZED CHILD CARE

FOR AGENCY USE ONLY: Child Care Social Worker's Name _____

Parent's Name _____ County Case # _____

County Requesting

Enrollment _____

PROVIDER DIRECTIONS: Complete Parts A–E & G of this form and nonlicensed providers complete Parts A, B, D, F & G. *Send both signed copies (white/pink form) to your child care social worker of the local purchasing agency.* If assistance is needed with this form, please contact the child care social worker (name is indicated at the top of this form). Staff of the local purchasing agency (LPA) should contact you upon receipt of this application. The pink copy of this form with your approved subsidy rates will be returned to you by the local purchasing agency which **must** be retained in your child care files.

PART A: General Information*

Name of Center/Home Child Care _____

Provider: _____ County: _____

Mailing Address (include City/State/Zip Code): _____

Site Address (if different from mailing address): _____

Name of Director: _____ Telephone: () _____ Tax ID #: _____

Contact Person: _____ Telephone: () _____ E-mail Address: _____

**If provider operates under more than one license or Notice of Compliance, an application must be completed for each.*

TYPE OF ARRANGEMENT (Check only one.)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Licensed Center | <input type="checkbox"/> Licensed Before/After-School | <input type="checkbox"/> Licensed Family Child Care Home | <input type="checkbox"/> DPI Certified Center (Renewal Only!) |
| <input type="checkbox"/> Licensed Preschool Program | <input type="checkbox"/> Licensed Part-Day Center | <input type="checkbox"/> Nonlicensed Care for Child/ren in My Home | |
| <input type="checkbox"/> Religious-Sponsored Center Operating Under G.S. 110-106 | <input type="checkbox"/> Licensed Summer Day Camp | <input type="checkbox"/> Nonlicensed Care in Child's Home | |

PART B: Providers must either attach a copy of their rates to this form (DCD-0451) **OR** complete a copy of the Private Paying Rates and Other Fees form (DCD-0458) which you can request from the local purchasing agency. If applicable, you must attach a copy of your sliding fee scales and policies and scholarship program requirements.

PART C: To be completed only by Licensed Centers or Family Child Care Homes or Religious-Sponsored Centers who have been issued a Notice of Compliance or Letter of Intent.

License or Facility ID Number: _____. If the age range of the child for which care is being provided is different from the age range on your license or G.S. 110-106 letter, indicate age range here: _____.

PART D: This section must be completed by all providers.

I am interested in providing child care for children eligible for public child care funds. I understand I am required to provide care in a healthy and safe environment and must maintain compliance with all requirements for the Subsidized Child Care Program. Neither I nor anyone who is in contact with the children have been convicted of a crime involving child abuse, child neglect, or moral turpitude; nor habitually use alcoholic beverages to excess or use illegal narcotics, or other impairing drugs. I understand to obtain child care subsidy funds fraudulently is a criminal offense and I may be subject to penalties and prosecution. In addition, I understand that the Division of Child Development may impose a sanction if child care fraud occurs which would impact my ability to receive subsidy funding.

Signature of person legally responsible for operation of child care arrangement _____

Date _____

PART E: Licensed Facilities and Religious-Sponsored Facilities (G.S. 110-106 Facilities) only must complete this section.

1. Check other days and shifts that you offer care:

- | | | | | |
|-----------------------------------|------------------------------------|---|---|--|
| <input type="checkbox"/> Holidays | <input type="checkbox"/> Snow Days | <input type="checkbox"/> Teacher Workdays | <input type="checkbox"/> Different Shifts | <input type="checkbox"/> Other (Please specify.) _____ |
|-----------------------------------|------------------------------------|---|---|--|

2. Check types of school-age care you offer if you are licensed or religious-sponsored facility (G.S. 110-106 approved facility):

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Before/After-School Care | <input type="checkbox"/> Summer School Age-Care | <input type="checkbox"/> Before-School Care | <input type="checkbox"/> After-School Care | <input type="checkbox"/> Other (Please specify.) _____ |
|---|---|---|--|--|

3. Check the types of unregulated child care arrangements that you operate:

- | | | | | | |
|---|---|---|--|---|--|
| <input type="checkbox"/> Before/After-School Care | <input type="checkbox"/> School Age-Summer Care | <input type="checkbox"/> Before-School Care | <input type="checkbox"/> After-School Care | <input type="checkbox"/> Mother's Morning Out | <input type="checkbox"/> Other (Please specify.) _____ |
|---|---|---|--|---|--|

NOTE: Subsidized funds may not be used to pay for child care in unregulated child care programs. Child care programs must become licensed or G.S. 110-106 approved before accepting a child care voucher from the parent or LPA. Also, religious-sponsored facilities must have a Notice of Compliance before subsidy payment can be made.

White Original: Local Purchasing Agency (LPA)

Pink Copy: Provider

DCD-0451 (1)
Rev 7/05

APPLICATION CONT'D.

PART F: Complete this section only if you are providing care for children in the child/ren's home or in your own home, and you are not licensed by the state.

Date of Birth of Provider: _____

How many children do you care for, other than your own? _____

Social Security No.: _____

PART G: To be completed by all providers:

Are you interested in having children referred by your local purchasing agency? ☐ YES ☐ NO

Please answer the questions below for every child in your care, including children that local agencies or parents pay you to keep: (If you are keeping more than 3 children, you must list each additional child on another page and staple to the original signed form.)

Child's Name: _____ Date of Birth or Age: _____

Name of Child's Parent: _____

Child's relationship to you? ☐ NONE ☐ Grandchild ☐ Niece/nephew
☐ Brother/sister ☐ Other (explain): _____

Date you began providing care for the child listed above: _____

How many hours per days per week do you provide care for the child? _____ hrs.

Hours that care is provided for child: _____ ☐ a.m. ☐ p.m. till _____ ☐ a.m. ☐ p.m. (Check a.m. or p.m.)

How much do you charge to provide care for this child? \$ _____ per week or \$ _____ per month

Child's Name: _____ Date of Birth or Age: _____

Name of Child's Parent: _____

Child's relationship to you? ☐ NONE ☐ Grandchild ☐ Niece/nephew
☐ Brother/sister ☐ Other (explain): _____

Date you began providing care for the child listed above: _____

How many hours per days per week do you provide care for the child? _____ hrs.

Hours that care is provided for child: _____ ☐ a.m. ☐ p.m. till _____ ☐ a.m. ☐ p.m. (Check a.m. or p.m.)

How much do you charge to provide care for this child? \$ _____ per week or \$ _____ per month

Child's Name: _____ Date of Birth or Age: _____

Name of Child's Parent: _____

Child's relationship to you? ☐ NONE ☐ Grandchild ☐ Niece/nephew
☐ Brother/sister ☐ Other (explain): _____

Date you began providing care for the child listed above: _____

How many hours per days per week do you provide care for the child? _____ hrs.

Hours that care is provided for child: _____ ☐ a.m. ☐ p.m. till _____ ☐ a.m. ☐ p.m. (Check a.m. or p.m.)

How much do you charge to provide care for this child? \$ _____ per week or \$ _____ per month

NOTE TO PROVIDER: Do not forget to complete this form in its entirety and return the signed white and pink copies to your LPA!

White Original: Local Purchasing Agency (LPA)

Pink Copy: Provider

DCD-0451 (2)

Rev. 2/05

PROVIDER INSTRUCTIONS

APPLICATION FOR ENROLLMENT TO BE A PROVIDER OF SUBSIDIZED CHILD CARE

Directions For Providers To Complete This Application:

Follow the directions on page one (1) of this form. All providers must sign the white original and pink copy (both copies) of the application and **return both copies** to the child care social worker whose name is indicated at the top of this form. Also, providers should contact their child care social worker if assistance is needed in completing this form. The local purchasing agency will return the pink copy of this form to the provider, with the approved subsidy rates. Providers must maintain a copy of this form in their child care files for a minimum of three (3) years. These files must be maintained longer if there is an ongoing local, state or federal audit.

Part A: Enter the name of your center or home (or if an individual, the provider's name), county, mailing address (including city, state and zip code, site address if different from the mailing address, name of director and contact person, telephone numbers, Tax I.D. # (if applicable), and e-mail address for the contact person (if applicable) in this part.

The type of license, Notice of Compliance, or type of home provider must be indicated (**providers must check only one box**). The following definitions are provided to assist providers with identifying their type of child care arrangement:

- **Licensed Center** is defined as a facility which has been issued a license or Notice of Compliance by the Division of Child Development to provide child care services.
- **Licensed Preschool Program** is defined as a program for preschool-age children that operates for less than four (4) hours per day and is licensed in order to serve children receiving subsidies.
- **Religious-Sponsored Center and Family Child Care Home operating under a Notice of Compliance or Letter of Intent** is defined as a religious-sponsored child care center or home that chooses to operate under the requirements of G.S. 110-106 rather than becoming licensed. The center or home may provide care for children receiving subsidies upon receiving a response from DCD to the provider's Letter of Intent but payment cannot be made until the facility comes in compliance with child care requirements and receives a Notice of Compliance. The Letter of Intent must be attached to the Application for Enrollment (Form DCD-0451).
- **Licensed Before/After-School** is defined as a program for children that operates for less than four (4) hours per day and is licensed in order to serve children receiving subsidies.
- **Licensed Part-Day Center** is defined as a child care program that operates for less than four (4) hours per day and is licensed in order to serve children receiving subsidies.
- **Licensed Summer Day Camp** is defined as a seasonal recreation program that operates for less than four (4) consecutive months in a year and must be licensed before serving children receiving subsidies.
- **Licensed Family Child Care Home** is defined as a home which has been issued a license or a Notice of Compliance by the Division of Child Development to provide child care services for more than two (2) unrelated children, but no more than eight (8) children ages birth–twelve (12) which includes no more than five (5) children younger than age 5. The provider's own children, ages birth–5 are included in the total of five (5) preschool children receiving care. **NOTE:** Centers/homes may not serve children until they are licensed or have a Letter of Intent or Notice of Compliance (G.S. 110-106).
- **Nonlicensed Care for Child(ren) in My Home** is defined as an individual who provides care for no more than two (2) unrelated children in the provider's own home for more than four (4) hours per day, **is not** required to be licensed and is approved by the local purchasing agency.
- **Nonlicensed Care in Child's Home** is defined as an individual who provides care for a child(ren) in the child's(ren's) own home, **is not** required to be licensed and is approved by the local purchasing agency.
- **DPI Certified Center** is defined as a school operated child care program that has previously been certified by the Department of Public Instruction (DPI) to provide subsidized care services.

PART B: The LPA must have a list of the provider's private parent paying rates and other child care fees. The provider must either choose to attach a copy of their private paying rates to this form (DCD-0451) OR complete the Private Paying Rates and Other Fees form (DCD-0458). Providers must include early payment discounts for parents, sliding fee scales and policies and scholarship program requirements. All of the rates must be sent to the LPA before the provider can receive payment for child care services provided.

PART C: Providers who operate under a license or Notice of Compliance (G.S. 110–106) must complete this part. Enter **license or facility ID number as indicated on the license or Notice of Compliance** provided. Facilities must be licensed before children receiving subsidies can be served.

PART D: This statement must be signed and dated by all providers.

PART E: Licensed or Religious-Sponsored Facilities **must** complete this part. Circle the type of care that you offer if you operate an **unregulated child care program** in addition to your licensed or G.S. 110-106 program, such as before/after-school programs or preschool programs.

PART F: This part must be completed by all nonlicensed home providers, i.e., individuals who are not required to be licensed and are providing care in the child's home or the provider's home. Space is included for you to list three children. If care is being provided for more than three (3) children, another copy of the form or another page listing all of the additional children and identifying information **must be** attached.

PART G: All providers are requested to indicate whether she is interested in caring for other children receiving subsidies.

IMPORTANT: Send **both** copies (white and pink) of this signed form to the child care social worker of the local purchasing agency indicated on the front of this form!